

# Living with COVID

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Historical accounts of previous disruptions following pandemics indicate that their social and political consequences may be wide-ranging and unpredictable. The plague in the Middle Ages had far-reaching effects on labour markets, wage levels and the rise of organised labour as a result of the enormous loss of life and ensuing labour shortages; the periodic pandemics of cholera in the slums of the industrial cities led to sanitary reform and the rise of the Victorian public health movement with its close relationships to town planning and architecture; and the Great Influenza, or Spanish Flu of 1918/19 brought with it a legacy of death and disability, including a possible link to Parkinson's disease as described so vividly in Oliver Sacks book, *Awakenings* (Oliver Sacks, 2012). In the summer of 2020, as we struggle to come to terms with the pandemic of COVID-19, which is still rolling around the world, we are merely in the foothills of its potential impact on our lives and those who come after.

As with the Spanish Flu, there will also be an ongoing legacy of long-term ill health from end organ damage caused by thromboembolic phenomena that are part of the clinical picture of COVID-19 disease. In the short term, there will be a large burden of collateral damage in the form of the consequences of delayed treatment for serious medical conditions, which has been sidelined by the pandemic, together with an emerging toll on mental health in the form of increases in rates of anxiety, depression and suicide. However, the greatest impact is likely to be on the way we live and work in every aspect of daily life.

While earlier in the pandemic there was much talk of the 'New Normal', this was partially eclipsed for a time in the summer by the government's efforts to restore 'Business as Usual' against a background that indicated that this was most unlikely. It has since become clear that business as usual will be anything but.

First and foremost, the world has been brought face to face with the consequences of globalisation, urbanisation and the way a population of 8 billion

people has come to expect to live on a small planet; that a novel virus can produce a pandemic reaching all continents in a matter of days and multiplying exponentially with the capacity to kill millions, must make us all sit up and ask fundamental questions about how we expect to carry on this way. In that it has also exposed the weakness of our public health services there are clearly practical matters that need urgent attention too.

But in the end it will be the tectonic shift in the political economy linked to the new digital world that will shape the future with its implications for all of us and not least for health and social care.

Before the pandemic, it is estimated that in the United Kingdom around 1.7 million people were working mainly from home according to the Office of National Statistics. By June 2020, 16 million people, or 49% of the workforce, were working from home for at least part of the week and this included remote consultation for a majority of primary healthcare. For most of the summer term a majority of school and university students had switched to remote learning with giant leaps in the provision of online curricula materials and Zoom seminars giving an insight into a future in which multi-billions of pounds' worth of bricks and mortar may come to be redundant. The restructuring challenge facing major companies, universities, shops and offices has barely been articulated but a glimpse can be had from the financial pages where the news is that major banks and white-collar enterprises are not expecting to have people back in the office before 2021, if at all, and that many are seriously contemplating a future in which a significant proportion of the working week is spent working from home. As a second pandemic wave, or return of the first wave seems increasingly likely, we can expect more thinking of this kind to take root. The implications are profound.

What is now called for is a level of political vision and ambition, and social mobilisation not seen since 1948. There is an opportunity for creating a new

social contract of fairness in which nobody earns too much and nobody too little; we should seize the chance to embrace a four-day week for all, building on the shift to home working and sharing the work out rather than accepting the scrap heap for 3 million people this coming autumn; we need to renew the partnership between public health, civic design and architecture to re-engineer our neighbourhoods to be fit to 'grow people in' with housing that supports the new normal in sickness and health and home working; and we need to get serious about the commercial determinants of ill health that have generated the vulnerability to COVID-19 through junk food, passive transport, alcohol and drugs, and the pernicious effects of businesses that profit from human weakness.

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